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N.J. BOARD OF DENTISTRY
ON 6-6-95 ca.

DEBORAH T. PORITZ
ATTORNEY GENERAL OF NEW JERSEY

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STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF DENTISTRY

IN THE MATTER OF:	:	Administrative Action
	:	
CHARLES KNAPP, D.D.S.	:	CONSENT ORDER
	:	
	:	
LICENSED TO PRACTICE DENTISTRY	:	
IN THE STATE OF NEW JERSEY	:	
	:	

This matter was opened to the New Jersey State Board of Dentistry ("Board") upon receipt of a patient complaint from Rio Kitson concerning dental treatment performed by Charles Knapp, D.D.S., consisting, in pertinent part, of construction of new upper and lower partials, root canal therapy on teeth #13, 12, 10, 9, 8, 23, 24, 25 and crowns on teeth #7, 8, 9 and 10. The Board reviewed the entire record in this matter consisting of the patient charts, x-rays, the Board's consultant's report, and acquired further information at an investigative inquiry attended by the respondent together with his counsel on June 16, 1993. It appears to the Board that based upon a review of the x-rays there was no need for root canal therapy on the eight teeth that were treated in this case. In addition, the patient only had the use of the maxillary crowns placed on teeth #7, 8, 9 and 10

for several months before they had to be extracted. The Board further notes that there was inadequate recordkeeping in this case, which was reflected in the inconsistencies in the fees charged and recorded in patient record, the payment ledger and in the insurance claim forms submitted in this matter. In addition, respondent submitted an insurance claim for endodontic treatment on tooth #26 when in fact endodontic treatment had not been initiated or completed on tooth #26.

It appearing that the respondent desires to resolve this matter without recourse to formal proceedings and for good cause shown;

THEREFORE IT IS ON THIS 31st DAY OF MAY APRIL, 1995,
HEREBY ORDERED AND AGREED THAT:

1. Respondent shall make restitution to the patient for fees charged in connection with the root canal therapy on teeth #13, 12, 10, 9, 8, 23, 24, 25 and crowns on teeth #7, 8, 9, and 10 by submitting a certified check or money order payable to Rio Kitson in the amount of \$3,360.00 to the State Board of Dentistry at 124 Halsey Street, Sixth Floor, Newark, New Jersey 07102, no later than the first day of the month following the entry date of this Order.

2. The respondent shall successfully complete a total of 100 hours of continuing education to include 25 hours of continuing education in each of the following areas: (1) basic periodontal diagnosis and treatment planning, (2) basic endodontics, (3) crown and bridge dentistry, and (4) post and core and occlusion procedures. These courses shall be approved by the Board in writing prior to attendance utilizing the attached Pre-Approval Sheet, and the courses must be completed no later than May 1, 1996. Respondent also shall be required to complete the attached Continuing Education Report and Proof of Attendance as proof of successful completion of the required course

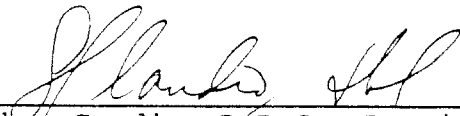
work. The attached forms are made a part of the within Order, and a separate form is to be used for each course. The continuing education ordered herein shall be in addition to, and not a part of the mandatory continuing education required for licensees.

3. Respondent is hereby reprimanded by the Board for his failure to maintain the patient records in this matter in accordance with the standards set forth at N.J.A.C. 13:30.8-7, and for submitting claims to an insurance company for endodontic treatment that had not been initiated or completed on tooth #26. Respondent is also reprimanded for performing unnecessary endodontic treatment on the eight teeth that were treated.


4. Respondent is hereby assessed a civil penalty in the amount of Five Thousand (\$5,000) Dollars which shall be submitted by certified check or money order payable to the State of New Jersey and mailed to the State Board of Dentistry at 124 Halsey Street, Sixth Floor, Newark, New Jersey 07101 within thirty (30) days of the entry date of this Order.

STATE BOARD OF DENTISTRY

By:


Stephen Candio, D.D.S., President

I have read and understand the within Order and agree to be bound by its terms.
Consent is hereby given to the Board to enter this Order.


Charles Knapp, D.D.S.



State of New Jersey

ROBERT J. DEL TUFO
ATTORNEY GENERAL

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF DENTISTRY
CONTINUING EDUCATION COURSE
PRE-APPROVAL SHEET

EMMA N. BYRNE
DIRECTOR

LOCATION

14 HALSEY STREET 5TH FLOOR
NEWARK, NJ 07102
201-648-7087

MAILING ADDRESS

P.O. BOX 45005
NEWARK, NJ 07101

***** ATTACH COURSE DESCRIPTION AND/OR BROCHURE AND SUBMIT AT
LEAST 30 DAYS PRIOR TO COURSE DATE. THE BOARD CANNOT
ASSURE APPROVAL FOR COURSES PROVIDED ON SHORT NOTICE.
A SEPARATE FORM IS TO BE USED FOR EACH COURSE. A COPY
WILL BE RETURNED TO YOU AFTER APPROVAL OR DENIAL BY THE
BOARD. *****

DENTIST NAME _____

ADDRESS _____

TELEPHONE # _____

NAME OF COURSE _____

SPONSOR _____

ADDRESS _____

TELEPHONE # _____

_____ COURSE PRE-APPROVED BY BOARD DATE _____

_____ COURSE NOT ACCEPTED BY BOARD DATE _____

DATE _____

AGNES M. CLARKE
EXECUTIVE DIRECTOR



State of New Jersey

ROBERT J. DEL TUFO
ATTORNEY GENERAL

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF DENTISTRY

EMMA N. BYRNE
DIRECTOR

LOCATION

24 HALSEY STREET 6TH FLOOR
NEWARK, NJ 07102
(201) 648-7087

CONTINUING EDUCATION REPORTS AND PROOF OF ATTENDANCE

MAILING ADDRESS

P.O. BOX 45005
NEWARK, NJ 07101

All reports should be typewritten. If more than one course is required, this report form may be duplicated. Please complete all sections in the spaces provided. A separate form is to be used for each course.

1. Name of Dentist and License Number
2. Title of Course, Instructor and Location Date of Course
3. Was prior approval for the course obtained: Yes _____ No _____
** If the answer is NO, please explain the reason:
4. Name, address and phone number of the sponsoring organization and the name of the representative in charge of attendance.
5. Hours of course attendance
6. Attach a copy of all course/lecture handouts. Number of pages attached _____
7. Attach a copy of proof of payment for the course and any other proof of attendance. (e.g. cancelled check, copy of certificate, letter from sponsor)
8. Describe with some specificity one new diagnosis or treatment or product or material about which you learned at the course. (Use the back of this sheet.)

PROOF OF ATTENDANCE:

The undersigned hereby verifies that the above named dentist attended and successfully completed the course listed above.

Signature

Date

Title